

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/763559	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1			1				51			
2			1				52			
3			1				53			
4			1				54			
5			1				55			
6			1				56			
7		1					57			
8			1				58			
9			1				59			
10			1				60			
11			1				61			
12		1					62			
13		1					63			
14		1					64			
15			1				65			
16			1				66			
17			1				67			
18			1				68			
19			1				69			
20			1				70			
21			1				71			
22			1				72			
23							73			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			5				TOTAL IND.			
TOTAL DEP.			17				TOTAL DEP.			
TOTAL CLAIMS			22				TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

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